

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09137718  
FILING DATE  
APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
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TOTAL IND.	3		2			
TOTAL DEP.	15		15			
TOTAL CLAIMS	18		18			

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TOTAL DEP.			
TOTAL CLAIMS			